

**STATE ADVISORY COMMITTEE ON MENTAL HEALTH SERVICES
(SACMHS)**

November 9, 2005 – 9:00 A.M. to 2:00 P.M.

**Holiday Inn – Platte Room
141 No. 9th Street, Lincoln, NE**

SACMHS Members Present: Adria Bace, Allen Bartels, Beth Baxter, James Deaver, Richard Ellis, Scot Ford, Dwain Fowler, Clint Hawkins, Nancy Kratky, Darlene Richards, Ron Sorensen, Mary Ann Wells. Nine (9) of the twenty two (22) members were present at the start of the meeting. The chair noted a quorum was not present.

SACMHS Members Absent: Cec Brady, Jimmy Burke, Beverly Ferguson, Chris Hanus, Susan Krome, Maria Prendes-Lintel, Wesley Legan, Frank Lloyd, Kathy Lewis, Pat Compton

HHS Staff Present: Alexandra Castillo, Jim Harvey, Phyllis McCaul, Lisa Franz, Susan Adams, Lee Tyson

Others Present: Melia Cook, J. Rock Johnson, Allen Green, Chuck Stepanek

Introductions: All members introduced themselves. Adria Bace is a newly appointed member. She is with the Department of Education, Special Education. She replaced the position held by Beth Wierda.

I. Agenda

The agenda was reviewed, no comments were made. Based on the factor that a quorum was not met, no motion was made. General agreement was the consensus and the meeting continued with the agenda as published.

II. Approval of August 9, 2005 Minutes

Once again based on the factor that a quorum was not met, no motion was made. No comments were made regarding the minutes. General agreement was the consensus to approve the minutes later on during the meeting once a quorum is present and the meeting continued.

III. Housekeeping

Sue Adams, HHS Staff briefly reviewed items for clarification.

- Public comment - sheet is located at the sign-in table and members of the public planning to comment are asked to sign up. This will help manage our time.
- Restrooms – are located just outside of the meeting room. Members do not have to wait for break.
- Agenda - timeframes were not assigned to allow more flexibility of the meeting
- Parking - Members and HHS staff that parked in the hotel garage can obtain a validation slip from Alexandra. Present the parking ticket and validation slip as you leave the parking garage.
- Lunch – for today's meeting, lunch will be a working lunch, it will be set up in the hallway just outside of the meeting room approximately at noon. Please get your food and bring it back to the meeting room. We will take fifteen minutes to eat and then the meeting will continue.

IV. REPORTS

Report from BH Council

Meeting structure of Committees and Council

Allen Bartels briefly stated all of the sub-committees are struggling with the structure of the meetings and are unsure of their purpose. Most of the members of the mental health committee

feel there is not enough time to discuss issues. We hope the change in timeframes of these meetings will help and allow us more time.

Comment: State reports being sent to committee members need to be sent in adequate time to allow members to review material, to be informed and provide input. Thus, eliminate time consumption in the meeting.

Annual report

A decision was made to delay the annual report and is now due in July 2006. The plan is for each sub-committee to determine a specific issue at meetings and present them to the Behavioral Health Council.

Comment: We should give input so the report can be given to the Governor prior to legislative hearings.

The annual report is based on the committee's minutes and they have been related to the structure of the meetings and not related to legislative issues. Issues can be addressed to the council that we feel need to be reported to legislature.

Behavioral Health Division Report.

Lisa Franz, HHS Quality Improvement Coordinator briefly explained Ron Sorenson was called to attend a Policy Cabinet meeting and he will be attending after that meeting. Lisa will be giving the Division report on his behalf.

Division new staff/Office of Consumer Affairs Administrator

The Division has a few new staff members as follows: John McVay is the Deputy Administrator and the former Regional Program Administrator for Region I, Lee Tyson is a Recovery Trainer and is also from Region I, Mary O'Hare is the Transition Care Coordinator working on draft of priorities of acute care services for people coming into the system.

The Division is currently conducting interviews for the position of Consumer Affairs Administrator. Five out of approximately ten interviews have been completed.

Comment: Policy cabinet needs to be told the importance of Ron attending the Mental Health Advisory Committee meetings to provide information, leadership and commitment from the Division. The general consensus was to pass the message onto Behavioral Health Council to advise the Policy Cabinet.

Committee members Dwain Fowler, Nancy Kratky and Ron Sorensen arrived late. It was announced a quorum has now been met.

Comment: Meeting date was changed from November 8 to November 9. Changing dates is hard for members to change schedules and could impact meeting a quorum. This is the first time in seven years that a quorum was not met.

Overview of Division-funded MH services

The report of FY06 Mental Health services funded through the Division of Behavioral Health services was distributed to the members. *Attachment A*

Comment: regarding the Rural Funding Program, could some of that be used to get nurse practitioners in the rural areas? Division will look in to the allocations and report back to the committee.

Children services

State infrastructure grant is targeted to set a structure of mental health and substance abuse services for children. Consultant suggested a couple of initiatives be selected to get going and determine needs. The three areas picked are:

- Early childhood ages 3-5, the screening for emotional disturbance.
- Preventing families from having to relinquish custody of their children in order to access mental health and substance abuse services due to the inability to pay for services needed. Nebraska has a high rate of state wards but its not determined if it relates.
- Academic look at evidence based practice to be assured of the services provided.

Rental Assistance Voucher Program

Jim disturbed the Nebraska Mental Health Housing report to committee members. *Attachment B* The website, <http://www.hhs.state.ne.us/beh/Houseum.htm> is listed on the report. The report includes state housing contacts. Applications can be sent to them.

Criteria # 3 has priorities that have to be met which are:

Priority #1 – extremely low income discharged from an inpatient mental health commitment or extremely low income individuals who are eligible to move from a residential level of care to independent living to make room for a person being discharged from an inpatient mental health commitment.

Priority # 2 – The Region needs to demonstrate that Priority #1 has been addressed, then start including consumers who are extremely low income at risk of an inpatient mental health commitment.

Priority #3 - Region needs to demonstrate that Priority #1 and Priority # 2 have been addressed, they may start including consumers who are eligible under Neb. Rev. Stat. §71-812 (3) for housing-related assistance for very low-income adults with serious mental illness.

Laura Richards, Region I Housing Coordinator reported Region I does have a few Priority #2s in need of housing. She would like Priority #1 and Priority #2 to be blended. They have a waiting list of 6 that could be at risk of hospitalization.

Comments: one of the Section 8 restriction is the need to obtain the application in person. Applications are not mailed. This makes it hard for mental health consumers. Applications can only be obtained on certain dates and times. Public notices are not posted and not readily accessible to the public/mental health consumers. The media needs to advertise to the community the dates and time for accepting housing applications. The waiting list is 8-24 months.

The intention of the Rental Assistance Vouchers is to help individuals, but it's very difficult to meet the priority #1 definition. It's so narrow and restrictive that it is very difficult to get the vouchers to the people that need them. In Region III at least 50% of the requests submitted have been denied.

Suggestions:

- Utilize a minimum of 50% of vouchers for Priority #1 and the remainder of vouchers for Priority #2-#3.
- Notification of availability of Section 8 voucher by local housing authority to have each region address the housing related assistance program through an affirmative marketing plan.
- To amend the Nebraska Fair Housing Act to accept section 8 and not decimate based on method of payment.
- Inform HHSS & Legislature on the need to carry out the intent of LB40.

The Division is receiving monthly summary reports of persons being served and Jim will include those for the February meeting.

Consumer Conference

Phyllis McCaul is a Consumer Liaisons for the Division of Behavioral Health Services and the main coordinator of the Consumer conference. She reported the annual consumer conference was held September 20-22, 2005 in Aurora Nebraska.

She is in the process of preparing the executive summary report of activities of the conference. 95 to 100 consumers attended conference. Evaluations of the conference were positive. 60-70% of the consumers attending were first timers to a consumer conference. There was a cut in funds by the Mental Health Block grant and a rise in costs for the conference, so the Division only had slots for 80 consumers. The Mental Health Association donated 17 scholarships for consumers to attend. Magellan Behavioral Health donated the cost of the conference T-shirts.

Beth as a Regional Program Administrator will talk with the other regional administrators to provide scholarships for consumer to attend the consumer conference.

V. UNFINISHED BUSINESS

Cultural Competency Report

Jim handed out CLAS standards, table of data and draft survey. *Attachment C*
Cultural competency is GAP #8 of the MH Block Grant. The issue of cultural competency was raised as a solution to the Mental Health Block Grant GAP # 7. Dr. Maria Prendes-Intel has been working with Jim Harvey on the Mental Health Block Grant. Dr. Prendes-Intel asked Jim to distribute a survey regarding culturally and linguistically appropriate services in Nebraska.

The NBHS table of data contains information related to race and the primary language spoken. The table indicated Spanish is the second largest primary language spoken next to English. Jim explained the percentage of non-speaking English individuals is .052% of 33,049. *Attachment C*

The plan for the Survey is for it to be distributed via the six Regional Behavioral Health Authorities and have the provider enrolled with the region. The survey is to be completed by the CEO or designee of the BH Provider. *Attachment C*

Jim asked the committee members for there input on the survey.

Comments:

Committee members want more time to study/review the survey before providing input. To allow the committee more time to review the document the date of November 28, 2005 was set for comments on the survey to be submitted to the Division.

Jim explained the purpose of the survey is to collect information on how well providers are meeting the standards issued by the U.S. Department of Health and Human Services, Office of Minority Health. These standards were issued 4-5 years ago and the language access services numbers 4-7 are mandatory. The information needed: What are the training needs, what do providers need to know and what don't they need to know. The questions on the survey may need a little more work. Jim wants to receive the comments on the survey by November 28, 2005 So they can be presented to the Regional Program Administrators at the Network Manager Team meeting on November 30, 2005.

Richard Ellis motioned and Darlene Richards seconded the motion to send the survey with comments back to Jim Harvey by November 28, 2005 by noon. A voice approval of the committee was unanimous and the motion carried.

Comments on support of the survey:

- The percentage of people affected by the language culture issue is fairly small compared to the

housing issue. This issue needs to be kept in perspective about the overall impact for mental health effects in Nebraska.

- The effort is too timely and too expensive and the results will not be much greater than what we have already.
- Data doesn't show Nebraska has issues.
- Training should be done but not a survey, Nebraska already has data.
- Region III does annual training of staff of providers on cultural diversity.
- Resources for training need to be in place in organizations.
- Check into a set of funds to go towards cultural competency, use the money for training and not for a survey.
- Ask for assistance from the Office of Minority Health to do the survey.

Adria Bace motioned and Scot Ford seconded the motion to drop the survey. One member apposed, one member abstained. A voice approval of the remaining members of the committee agreed to drop the survey. Motion Carried.

Missions, Vision, Values to Division Services

Allen Bartels briefly stated the need to take advantage of the expertise from every individual of the group and to take a broader view of the states mental health system.

Allen asked the committee members to give input on how/where the system is functioning or not functioning. The intent is to pick some top issues.

Mission, Vision and Values

(How/ is this committee doing in meeting the following value?)

The System is Consumer/Family Driven

Consumer and Family Involvement at all Levels

- Education of family to be involved in Consumer Treatment (needs Improvement)
- Involvement in planning and policy development (strength-can do better)
- HIPPA makes it difficult in the involvement of family in treatment
- Need consumer involvement at policy and regional level

Consumers treated with Dignity and Respect

- Turnover of Q/S professionals makes communication difficult in rural areas.
- Stigmatization and abuse still occur (maybe worse in rural areas)
- Elderly, lack of treatment because of stigma (Div has data to support)
- Lack of availability of treatment in crisis – need more than just scheduled visits- 24 hour crisis services important for elderly and rural areas

Easy Consumer Access

- Lack of access to crisis services
- May need other things to access services (i.e. gasoline, other transportation or phones)
- Not enough providers – critical in rural areas and some urban areas
- Need for nurse practitioners
- Need employment services to be successful
- In services, logistic (such as provider cost for gasoline)
- Peer support services, they work and are cost effective
- Disjointed/fragmentation – hard to put the pieces together – finding professionals who understand – need big picture of coordination
- Waiting lists

- Ensure input from consumers
- Let public know how to access services
- Would like to comment on system in general

VI. NEW BUSINESS

2005 MH Block Grant

Committee received copies of implementation cover letter, FY06 MH Block Grant application, and results of the Grant review. Attachments F

Jim Harvey and Allen Bartels attended the Grant Review meeting in Detroit Michigan on October 25, 2005. The panel recommended approval of the Adult and children plan as written with out modifications. Nebraska did not have any recommendations, which means a good report.

Jim briefly reviewed the implementation report. *Attachment D* The implementation report has two parts; the first is basically a report of the past year and the second part is the uniform data report. The implementation report is due December 1, 2005.

A recommendation from the committee needs to be included in the report. As the chair of the committee Allen Bartels is in the position to prepare the letter on behalf of the committee.

Jim Deaver motioned and Clint Hawkins seconded the motion to authorized Allen Bartels to write the recommendation letter on behalf of the Mental Health Advisory. A voice approval of the committee was unanimous and the motion carried.

Beth Baxter and Darlene Richards seconded the motion to have Allen Bartels write the recommendation letter to approve the MH Block Grant implementation report as present today to the committee. A voice approval of the committee was unanimous and the motion carried.

Desired Outcomes: Distribution of Service definitions and process of providing input

Draft of services definitions was distributed to committee members. *Attachment E*

In the past year or so the Division and Medicaid have been working together to develop common definitions. Some of the definitions have changed. We ask that committee members take these home, review them and provide responses to Linda Wittmuss no later than November 30, 2005. This is our method of distribution of the draft definitions, so we are not going to discuss them today. In the past year or so the Division and Medicaid Division have been working together to develop common definitions and that is this draft document.

VII. MH Committee Recommendations to BH Council:

Committee agreed on the following recommendation be presented to the BH Council

Ask the Division to consider changes on how to manage the prioritizing of the Rental Assistance Vouchers. Committee recommends utilizing a minimum of 50% of vouchers for Priority #1 and the remainder of vouchers for Priority #2 & #3.

Ask the BH Council to advise the Policy Cabinet the importance of Ron Sorenson attending the Mental Health Advisory Committee meetings to provide information, leadership and commitment from the Division. The general consensus was to pass the message onto Behavioral Health Council to advise the Policy Cabinet.

Extra comment:

Medical VISAs – are handled through the Department of Regulation and Licensures.

Nebraska has 30 medical VISAs for individuals in a specialized health care field that are not citizens of the United States and are granted VISAs to study/work in the United States. Nebraska is granted 30 medical VISAs a year and last year we only used 3. There is shortage of psychiatrists in the rural areas and in the Richard Young hospital and we would like to utilize the medical VISAs. Beth was asked to check with R & L for information and report to the committee at the next meeting. Beth agreed and medical VISAs will be an agenda item for the next meeting.

VIII. Public Comment

Melia Cooke, Legislative Staff Asst/Behavioral Health Oversight Commission

- She has not seen true consumer and family involvement at all levels, especial at the higher levels of the state.
- At the regional level, it sounds like regions 3 & 4 really do know a lot about consumers but there are several regions that do not. Why are consumers not on governing boards and providers network committees?
- Cultural competency is very important and she is glad that this issue is being addressed.
- Is it possible for consumers to contact Division/Phyllis to arrange/coordinate transportation to assist consumers to attend the advisory meetings?

J Rock Johnson

- LB1083 is the law that should make it all happen
- Requires Advisory Committees be 50% consumers, they were not there when LB1083 was being developed.
- She is not aware/seen planning council laws or duties
- She is not aware of an orientation for this committee to its planning council duties
- All that was presented is a draft for next years grant.
- Peers were not included as part of the MH Block Grant letter.
- Service definitions are difficult to understand
- To change this system we all have to work together.

Lee Tyson, Recovery Trainer, BHS

Peer support services both in crisis/emergency situations and non crisis/emergency situations are very effective, they really help and are cost effective.

IX. AGENDA ITEMS FOR NEXT MEETING

- Housing Rental Assistances
- Medical VISAs

X. Approval of August 9, 2005 Minutes

Scot Ford motioned and Darlene Richards seconded the motion to approve the Mental Health Advisory Committee minutes of August 9, 2005 as written. A voice approval of the committee was unanimous and the motion carried.

XI. Next State Advisory Committee on Mental Health Services

Tuesday, February 7, 2006 - 9:00 am to 2:00 pm

The location of the meeting will be announced at a later date.

XIII. Adjourn

Meeting adjourned at 2:05 p.m.